



Call-n-Ride

101 Monroe Street, 5th Floor
Rockville, MD 20850
Office (301) 948-5409/Fax (240) 556-0999
Email: cnrorder@montgomerycountymd.gov

Same Day Access (SDA) RECERTIFICATION APPLICATION

SDA Identification #: _____ Date: _____

In order to continue as a SDA participant, recertification is necessary. Please return this form along with the required information within thirty (30) days from the above date to:

Call-n-Ride
101 Monroe Street, 5th Floor
Rockville, MD 20850

Name: _____

Date of Birth: _____ ☐ Female ☐ Male

Home #: _____ Cell #: _____

E-mail: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Metro Access ID #: _____ ID Expiration Date: _____

SECONDARY CONTACT:

Last Name: _____ First Name: _____

Relationship: _____ Phone: _____

E-mail: _____

REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY

1. **PROOF OF METRO ACCESS MEMBERSHIP:** A photocopy of your current Metro Access Identification Card is required for participation in the program.

(PLEASE NOTE) Your Call-n-Ride/SDA swipe card will become inactive upon expiration of your Metro Access Identification Card. You will be required to recertify your Same Day Access participation, by providing a copy of your renewed Metro Access Identification Card.

2. **PROOF OF CURRENT RESIDENCE IN MONTGOMERY COUNTY (Please send one or more of the following documents. The documents must be current – within the last six months):** Recent Social Security statement, utility bill (gas, electric, water, or home telephone bill), IRS W-2, property tax bill, homeowner's insurance bill, monthly mortgage statement, or residential rental/lease agreement.
3. **PHOTOGRAPH:** If your swipe card does not currently have a photograph, please provide us one recent wallet/passport size photograph of yourself to go on your swipe card. *(Recommended but not required)*

The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained on this form is true and accurate.

SIGNATURE:_____DATE:_____

For questions contact Call-n-Ride at 301-948-5409, Monday through Friday, 9:00 a.m. to 4:00 p.m.